PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (S71)-273-2885

INSTRUCTIONS: This fi appropriate. All further co indicated unless corrected maintenance fee notification	ons.			UE FEE and PUBL orders and notificatio a) specifying a new										
CURRENT CORRESPONDENCE ADDRESS (None: Use Block I for my change of address)							ficate of sittal. The additions	mailing is certif I paper,	can o icate ca such a	nly be use anot be us as an assig	ed for de sed for a nament o	omestic ma my other ac or formal dr	lings of the companying awing, mus	
22927	1590 03/09	72007			mave	is own c								
WALKER DIGITAL							Cer	tificate	of Ma	iling or Tr	ransmis	sion	h the United	
2 HIGH RIDGE PARK							Service v	vith suff	ficient	postage for	r first cl	ass mail in	an envelope	
STAMFORD, CT		addre	ssedi to nitted to	the Mail	TO (57	ISSUE 1) 273-	FEE addi 2885, on t	ress abo he date	ove, or bein indicated be	an envelope ng facsimile low.				
							ik ha		- 17-	ieven			positor's name)	
		L.		10	· 16	<i>≥</i> 2 .	Ne	ue	ACO & (Signature)					
					Ju	ne .	8	.200	0.7	_			(Date)	
APPLICATION NO. FILING DATE			FIRST NAMED INVENT					ATTO	RNEY	OCKET NO	o. T c	ONFIRMAT	ION NO.	
09/345,092		JAY S. WALK			, —				98-119			9809		
TITLE OF INVENTION:	06/30/1999 VENDING MACHINE	E SYSTEM AP	ND METH			THE PU	RCHASI	E OF PI			MS	9003		
APPLN. TYPE	SMALL ENTITY	ISSUE FEI	DUE	PUBLICATION FEE	DUE	PREV. PA	ID ISSU	EFEE	TOTA	AL FEE(S) I	OUE	DATE	DUE	
nonprovisional	YES	\$ 14	00	\$0		\$0			\$ 1	400		96/11/2007		
EXAMINER		ART UNIT		CLASS-SUBCLAS	is									
. NGUYEN,	175		705-014000	00										
I. Change of correspondence address or indication of "Fee Address" (37 CRR 1.351). Change of correspondence address (or Change of Correspondence Address form PTO/SBR12) attached. — Fee Address "indication (or "Fee Address" Indication form PTO/SBR47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				2. For printing on the pattern front page. List (I) the names of up to 3 registered pattern attorneys or agents OR. alternatively. 2. O, the name of a single firm (having as a member a 2. Teiglinered pattern attorneys or a gents. If no name is listed, no name will be printed.										
3. ASSIGNEE NAME AND PLEASE NOTE: Unles recordation as set forth i (A) NAME OF ASSIGN Walker Di Please check the appropriat	s an assigned is identi n 37 CFR 3.11. Comp REE gital, LL	ified below, no eletion of this f	o assignee orm is NO	data will appear on T a substitute for filit (B) RESIDENCE: (Two Hig Stamfor	the patring an as CITY as h R	ent If a signment ad STAT idge CT (reord Pa 0690	ouvn rk 5	RY)					
Please check the appropriat	e assignee category or	categories (Wi	ii not be pi	nated on the patent):	- 1	idividua	1 W Co	rporatio	or or	ner private	group	nhty 🗆 C	iovemment	
4a. The following fee(s) are	submitted:		41	Payment of Fee(s):	(Please	first re	apply an	y previ	ously p	oaid issue	fee sho	wn above)		
Issue Fee		A check is enclosed.												
Publication Fee (No	1 Payment by credit card. Form PTO-2038 is attached. ■ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 5.0 – 1.2.7.1 (enclose an extra copy of this form).													
5. Change in Entity Status	(from status indicated	labove)					-							
a. Applicant claims S			1.27.	b. Applicant is n	o longe	claimin	g SMAL	L ENT	TTY sta	itus. See 3	7 CFR I	.27(g)(2).		
NOTE: The Issue Fee and I interest as shown by the rec	ublication Fee (if requ ords of the United Stat	ired) will not les Patent and	be accepte Fraderpark	d from anyone other i									her party in	
Authorized Signature	1.04	A. TE	_			Date	Ju	ne 8	, ;	2007			_	
Typed or printed name _	<u></u>		Regist	tration N	o 54	4,0	96							
This collection of informati an application. Confidential submitting the completed a this form and/or suggestion Box 1450, Alexandria, Virg Alexandria, Virginia 22315.	on is required by 37 Ci ity is governed by 35 pplication form to the s for reducing this burn pain 22313-1450. DO -1450.	FR 1.311. The U.S.C. 122 am USPTO. Time den, should be NOT SEND F	information d 37 CFR will vary sent to the EES OR (on is required to obtai 1.14. This collection depending upon the e Chief Information (COMPLETED FORM	n or reta is estim individ Officer, IS TO	ated to to ated to to al case. U.S. Pat THIS AL	efit by thake 12 m Any content and ODRESS	ne publicinutes mments Fradema SEND	c which to com on the ark Off TO: C	is to file i plete, inclu amount o loe, U.S. D ommission	(and by ding ga f time y Departm per for F	the USPTO thering, pre ou require t ent of Come atents, P.O.	to process) paring, and o complete merce, P.O. Box 1450,	